

Health Certificate NO. \_\_\_\_\_  
(Valid only if the USDA Seal Appears Over  
the Certificate No.)

1/93

U.S. ORIGIN HEALTH CERTIFICATE  
FOR EXPORTATION OF BOVINE SEMEN TO ZIMBABWE

1. I hereby certify that the donor bull(s) producing semen for export to Zimbabwe has/have been maintained in an artificial insemination (AI) center which is under the supervision of a USDA accredited veterinarian.
2. All the animals at the AI center, including the donor bulls producing semen for export to Zimbabwe, are recognized to be free of tuberculosis, brucellosis, leptospirosis, trichomoniasis, and vibriosis and the animals have been subjected to approved tests for these diseases with negative results.
3. The donor bull(s) is certified free of enzootic bovine leukosis and is subjected to an approved test for this disease with negative result(s).
4. The donor animals showed no clinical signs of IBR/IPV on the day collection.
5. The donor animal(s) originated from an establishment or AI center which is clinically free of IBR/IPV and was subjected regularly and at least once a year to the serum neutralization test with negative result, the last test being conducted within 30 days prior to collection. Or Representative samples of the semen were tested for IBR/IPV by tissue culture methods with negative results.
6. At the time of collection of the semen the donor bull(s) was healthy and free from disease.
7. A period of 30 days has elapsed since the semen was collected and during this period the donor bull has remained free from infectious and contagious disease.
8. The United States is free of foot-and-mouth disease (FMD).
9. The donor bulls have not been vaccinated against FMD.
10. Donor bulls identification.

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Number of units: \_\_\_\_\_

Reg. Number \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Dates of Collection: \_\_\_\_\_

Name: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Number of units: \_\_\_\_\_

Reg. Number \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Dates of Collection: \_\_\_\_\_

Name and address of consignor: \_\_\_\_\_

Name and address of consignee: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Type or Print - Name and Address  
of Issuing Accredited Veterinarian  
\_\_\_\_\_  
Signature - Accredited Veterinarian

\_\_\_\_\_  
Type or Print - Name of Endorsing  
Federal Veterinarian  
(\_\_\_\_\_)\_\_\_\_\_  
Date Endorsed and Signature -  
Endorsing Federal Veterinarian